U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

				Market On the State of the	
PLAINTIFF ANTHONY OLIVER				COURT CASE NUMBER C 19-4110 JSC	
DEFENDANT SQUARE INC.				TYPE OF PROCESS Summons, Order, Complaint, Consent	
NAME OF INDI	VIDUAL, COMPANY, CO	RPORATION. ETC	. TO SERVE OR DE	SCRIPTION OF PROPERTY	Y TO SEIZE OR CONDEMN
SERVE Square Inc.					
	et or RFD, Apartment No., C	City, State and ZIP C	ode)		
Agent: C.T. C	orporation, 818 W. 7tl	Street, Suite #9	30, Los Angeles	, CA 90017	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW				Number of process to be served with this Form 23	
Anthony Oliver #2019040074 Chatham County Detention Facility 1050 Carl Griffin Drive Savannah, GA 31405				Number of parties to be served in this case	1
				Check for service on U.S.A.	
	urn wrony (Troy Tr	AT DUD L ACCIOT	IN EXPEDITING 61	PAUCE A LA	ad Alternate Addresses,
SPECIAL INSTRUCTIONS OR OT All Telephone Numbers, and Estim			IN EXPEDITING SE	RVICE (Include Business of	Justinernate Adaresses,
	-			NOV 25 201	Fold
				SUSANIVA	J
			NO	SUSAN Y. SOON CLERK, U.S. DISTRICT OF RTH DISTRICT OF CALI TELEPHONE NUMBER	G COURT
ignature of Augmey other Originals	or requesting service on beh	alf of:	PLAINTIFF	TELEPHONE NUMBER	FORMBATE
Stail) V			DEFENDANT	(415) 522-2099	9/18/19
neway	icou)		-		
SPACE BELOW FOR	R USE OF U.S. M	ARSHAL O	NLY DO N	OT WRITE BELO	WIHISLINE
acknowledge receipt for the total	District to	Signature of Authorized USMS Deputy or Clerk Date		Date	
umber of process indicated. Sign only for USM 285 if more	Origin	Serve		I Pant ?	10/1/19
nan one USM 285 is submitted)	No. 11	No12_		70012	1717
hereby certify and return that I 📈 n the individual, company, corpora	have personally served, tion, etc., at the address sho	have legal evidence wn above on the on	e of service, have the individual, comp	executed as shown in "Rem pany, corporation, etc. shown	arks", the process described at the address inserted below.
I hereby certify and return that I	am unable to locate the ind	ividual, company, c	orporation, etc. name	d above (See remarks below)	
lame and title of individual served (if not shown above)	1 .	2 //		suitable age and discretion
CARDIFLA SANCHEZ INTAKE SPECI				IAUST then residing	g in defendant's usual place
Address (complete only different than shown above)				Date	Time
SAME				11/18/20	P 1252 Ap
				Signature of U.S	Marshallor Deputy
Service Fee Total Mileage Cl		Total Charges	Advance Deposits	Amount owed to U.S. M. (Amount of Refund*)	arshal* or
including endeav	ko ko	\$74.14		Comount of rectand	
\$65 \$1.16	To			\$	0.00
MAILED ID Fup To EI	= 119				
DISTRIBUTE TO: 1 CLERK OF	THE COURT			PRI	OR EDITIONS MAY BE USE
2. USMS REG 3. NOTICE C	CORD			INDUS	M
4. BILLING S	STATEMENT*: To be return	med to the U.S. Mar	shal with payment,	IXHOU	
if any amou	unt is owed. Please remit pr LEDGMENT OF RECEIP	omptly payable to U F	.5. Marshal.	1x HOU	Rev.
3. ACKNOW	DEDUKERT OF RECEIF			ZXMII	ES